

Customer Declaration (Other than Sole Proprietorship)

Important Note

- All the fields are mandatory
- Fill the form in **CAPITAL** letters and tick where applicable
- Sign in **BLACK** ink only
- Please paste the photograph at the space provided and sign across (signature 1/4th on the photograph and 3/4th on the form)
- Each page to be signed by at least 1 authorised signatory with entity stamp
- Authenticate any overwriting/ cancellations with full signatures
- Please provide respective **proof of address** for all addresses and **proof of identity** for all individuals as mentioned in Annexure 1
- Please provide **proof of identity** for entity as mentioned in Annexure 1
- Provide separate proof of identity wherever Former or Other name is mentioned
- Please provide correct PAN with PAN Card/ Allotment Letter copy as proof. As per the new section 206AA in the Income-tax Act, 1961 it has become mandatory for payers to withhold tax at a higher rate if the payee does not provide its Permanent Account Number (PAN). This provision is applicable from 1 April 2010
- Please note that the original documents would be required to be sighted by the Bank employee for verification purpose prior to accepting any photo copies of the same.

Section - I (Customer Level Information)

A. Business Details

Name of the Entity:

Customer Number: -

Entity Type: ☐ Limited Company ☐ Partnership ☐ HUF ☐ Trust
☐ Society ☐ Association ☐ LLP ☐ Club

I/ We hereby confirm (please tick as applicable)

☐ Yes, the Entity is a Voluntary Organisation (VO)/ Non Governmental Organisation (NGO)/ Not for Profit Organisation (NPO)

☐ No, the Entity is not a Voluntary Organisation (VO)/ Non Governmental Organisation (NGO)/ Not for Profit Organisation (NPO)

Voluntary organisations (VOs) / Non Governmental Organisations (NGOs) / Not for Profit Organisations (NPOs) include organisations engaged in public service, based on ethical, cultural, social, economic, political, religious, spiritual, philanthropic or scientific & technological considerations. VOs include formal as well as informal groups, such as: community-based organisations (CBOs); nongovernmental development organisations (NGDOs); charitable organisations; support organisations; networks or federations of such organisations; as well as professional membership associations. VOs /NGOs /NPOs are not controlled by Government and includes any entity or organisation that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a company registered under section 25 of the Companies Act, 1956 (1 of 1956).

Country and date of formation/ registration:

I/ We hereby confirm (please tick as applicable for entities registered outside India)

☐ Yes, the entity is a Branch/ Project/ Liaison Office of the Entity registered outside India. (Please submit RBI approval)

☐ Yes, the entity is registered outside India but does not have a Branch/ Project/ Liaison Office in India.

Permanent Account Number (PAN): (Please tick whichever is applicable)

Our/ My PAN is

☐ I/ We hereby declare that we are not assessed for Income Tax, as our income is below the maximum amount which is not chargeable to Income Tax, and accordingly the provisions pertaining to PAN are not applicable in our case. (Please provide PAN Card copy or PAN allotment letter as proof).

☐ Our income is exempted from tax deduction at source under the provisions of Income-tax Act, 1961. (Please provide details along with supporting documents and PAN as applicable).

As per the Regulatory requirement, it is mandatory to provide the PAN/ Form 60 by all the applicants during opening of a Bank account. In case the Form 60 mentions reason as 'applied for PAN', then the applicant to provide a copy of PAN Card within [30] days of making such an application to the Income Tax Authorities. Failing which the Bank reserves the right to reject the account opening/ block/ close the relationship without any further notice.

Line of Business:

Nature of Product/ Services Offered:

B. Contact Information

Registered Address:

Name of the Contact Person:

Tel.: Mobile: Fax:

E-mail:

Address:

City:

State: Pin: Country:

Customers are advised to inform the bank, in writing and along with a valid proof of address, of any change in registered, correspondence or business address within two weeks of such a change taking place.

Signature

C. Director(s)/ Partner(s)/ Office Bearer(s) who is/ are not authorised to operate the account Please provide the details below if applicable.

1. Full Name:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Residential Address: Pin:

Permanent Address: Pin:
(if different from residential address)

Customer Type: ☐ Director ☐ Partner ☐ Office Bearer

2. Full Name:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Residential Address: Pin:

Permanent Address: Pin:
(if different from residential address)

Customer Type: ☐ Director ☐ Partner ☐ Office Bearer

3. Full Name:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Residential Address: Pin:

Permanent Address: Pin:
(if different from residential address)

Customer Type: ☐ Director ☐ Partner ☐ Office Bearer

4. Full Name:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Residential Address: Pin:

Permanent Address: Pin:
(if different from residential address)

Customer Type: ☐ Director ☐ Partner ☐ Office Bearer

D. Principal Shareholders/ Beneficial Owners Information

All individuals who are ultimately entitled to exercise or control the exercise of 10% or more of the voting rights of the company, either directly or indirectly through their beneficial ownership of an underlying corporate shareholder, should be regarded as Principal Shareholders/ Beneficial Owners of the entity. Please provide their details below.

1. Full Name:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Residential Address: Pin:

Permanent Address: Pin:
(if different from residential address)

Customer Type: ☐ Principal Shareholder ☐ Beneficial Owner Ownership (%):

2. Full Name:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Residential Address: Pin:

Permanent Address: Pin:
(if different from residential address)

Customer Type: ☐ Principal Shareholder ☐ Beneficial Owner Ownership (%):

3. Full Name:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Residential Address: Pin:

Permanent Address: Pin:
(if different from residential address)

Customer Type: ☐ Principal Shareholder ☐ Beneficial Owner Ownership (%):

4. Full Name:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Residential Address: Pin:

Permanent Address: Pin:
(if different from residential address)

Customer Type: ☐ Principal Shareholder ☐ Beneficial Owner Ownership (%):

Declaration

I/ We declare that only the above individuals are principal shareholders/ beneficial owners and as and when there is a change in the shareholding pattern of the entity, we will provide the Bank with the latest details of the principal shareholders/ beneficial owners of the entity. I/ We also hereby agree to the contents of this declaration (including the photographs of the authorised signatories/ delegates) and confirm that all details provided therein are true and correct, which the Bank is entitled to verify directly or through any third party agent. I/ We also agree that, if any such declarations made by me/ us are found to be incorrect, the Bank is entitled to terminate the account relationship.

For NRO Accounts:

I/ We declare that the Entity will not make available to any person resident in India any foreign exchange against reimbursement in India in Rupees or in any other manner.

I/ We undertake that in cases of debits to the NRO account for the purpose of investment in India and credits representing sale proceeds of investments, I/ We will ensure that such investments/ disinvestments will be in accordance with the regulations made by the Reserve Bank of India in this regard.

Consent Clause

1. I/ We, declare that the information and data furnished by me/ us to the Bank is true and correct.
2. I/ We, undertake that:
 - a. the CIBIL and/ or any other agency so authorised may use, process the said information and data disclosed by the Bank; and
 - b. the CIBIL and/ or any other agency so authorised may furnish for consideration, the processed information and data of products thereof prepared by them, to banks/ financial institutions and other credit grantors, as may be specified by the Reserve Bank in this behalf.
3. I/ We authorise the Bank
 - a. to submit or make available to other members of the HSBC Group*, or any designated agent of theirs, any application(s) made by me/ us to any member(s) of the HSBC Group for availing financial product(s) and services, together with any related documentation or information; and
 - b. to obtain and to give or make available to any member(s) of the HSBC Group, or their agents, credit information about me/ us (including credit scores and reports from credit reference agencies) for the purpose of assessing my/ our qualification for the requested financial product(s), and in addition to obtain, give or make available to any member(s) of the HSBC Group credit scores and reports in connection with any update, renewal, extension, collection or review of any of the accounts opened pursuant to my/ our application(s).

- c. in the course of managing our relationship with you and where necessary to comply with our money laundering prevention obligations, to record, obtain and to give or make available to any member(s) of the HSBC Group, or their agents, information about your directors and employees.
- d. unless and until I/ We direct otherwise, to update information about me/ us as provided herein above and/ or in any such application(s) or related documentation, or obtained in the course of, or for the purpose of, making any application for financial products and services (including but not limited to any credit information), onto a database which may be accessed by the member(s) of the HSBC Group.
- e. I / We confirm that the company has not been, or is not, in the process of being, dissolved, struck off, wound-up or terminated.
- f. For the applicant (or the Beneficial Owner(s) of the applicant) which is a company incorporated in a country that permits issuance of bearer shares or share warrants - We hereby confirm and warrant that neither we nor any of our Beneficial Owner(s) has issued any bearer shares or bearer share warrants. We further undertake that neither we nor any of our Beneficial Owner(s) shall issue or convert any of its existing shares into bearer shares or bearer share warrants without notifying HSBC.

I/ We declare that the information given herein by me/ us for each of the account(s) and customer number is true and correct, which the Bank is entitled to verify directly or through any third party agent. I/ We also agree that, if any such declarations made by me/ us are found to be incorrect, the Bank is not bound to pay any interest on the account(s) opened by me/ us and is entitled to terminate the relationship.

Date: _____

Section - II (Account Level Information)

Account Number: | | | | | | | | | | | | | | (please mention account number for which information is submitted)

I/ We hereby confirm (please tick as applicable). Mandatory field for entities declaring they are VO/ NGO/ NPO on the 1st page of Declaration form

That the Entity will be accepting/receiving Foreign Contributions** as defined in Foreign Contribution (Regulation) Act, 1976, in this account

A. Contact Information

[illegible][illegible][illegible]

City: _____

State: Pin: Country:

Correspondence Address (if different from Business Address):

Name of the Contact Person:

'Former' or 'Other' name (if any):

Tel.: Mobile: Fax:

E-mail:

Address:

City:

State: Pin: Country:

Customers are advised to inform the bank, in writing and along with a valid proof of address, of any change in registered, correspondence or business address within two weeks of such a change taking place.

Signature

B. Authorised Signatories and Delegate(s)

Please provide details of Authorised Signatories/ Delegate(s) for all your accounts. For each authorized signatory/ delegate, please provide us (a) latest photograph, (b) self-attested photocopy of proof of photo-identity, (c) self-attested photocopy of proof of address and (d) self-attested photocopy of power of attorney (if applicable) as per the list of approved documents provided in Annexure 1.

If you wish to add or delete authorised signatories/ delegate(s) or if their details have changed, please update it in our bank records by providing us a separate letter/ mandate/ resolution (as applicable).

List of Authorised Signatories

Account number :

1. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Country of Residence: Occupation:

Telephone: Mobile:

☐ Sole Proprietor ☐ Partner ☐ Director ☐ Karta

☐ Authorised Signatory ☐ Sole/ 1st Joint Holder

Residential Address:

Pin:

Permanent Address:

(if different from residential address)

Pin:

Please affix signatory's photograph

2. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Country of Residence: Occupation:

Telephone: Mobile:

☐ Sole Proprietor ☐ Partner ☐ Director ☐ Karta

☐ Authorised Signatory ☐ Sole/ 1st Joint Holder

Residential Address:

Pin:

Permanent Address:

(if different from residential address)

Pin:

Please affix
signatory's
photograph

3. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Country of Residence: Occupation:

Telephone: Mobile:

☐ Sole Proprietor ☐ Partner ☐ Director ☐ Karta

☐ Authorised Signatory ☐ Sole/ 1st Joint Holder

Residential Address:

Pin:

Permanent Address:

(if different from residential address)

Pin:

Please affix
signatory's
photograph

4. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Country of Residence: Occupation:

Telephone: Mobile:

☐ Sole Proprietor ☐ Partner ☐ Director ☐ Karta

☐ Authorised Signatory ☐ Sole/ 1st Joint Holder

Residential Address:

Pin:

Permanent Address:

(if different from residential address)

Pin:

Please affix
signatory's
photograph

1. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Country of Residence: Occupation:

Telephone: Mobile:

Residential Address:

 Pin:

Permanent Address:
(if different from residential address)

 Pin:

Please affix signatory's photograph

2. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Country of Residence: Occupation:

Telephone: Mobile:

Residential Address:

 Pin:

Permanent Address:
(if different from residential address)

 Pin:

Please affix signatory's photograph

3. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Country of Residence: Occupation:

Telephone: Mobile:

Residential Address:

 Pin:

Permanent Address:
(if different from residential address)

 Pin:

Please affix signatory's photograph

4. Full Name of the Signatory:

'Former' or 'Other' Name (if any):

Nationality: Date of Birth:

Country of Residence: Occupation:

Telephone: Mobile:

Residential Address:

Pin:

Permanent Address:

(if different from residential address)

Pin:

Please affix signatory's photograph

I/ We declare that the information given herein by me/ us for each of the account(s) and customer number is true and correct, which the Bank is entitled to verify directly or through any third party agent. I/ We also agree that, if any such declarations made by me/ us are found to be incorrect, the Bank is not bound to pay any interest on the account(s) opened by me/ us and is entitled to terminate the relationship.

I/ We agree that the Bank should consider only the above signatories as authorised for the account.

I/ We agree that the Bank will not be liable if any cheque/ ECS/ transactions/ standing instructions, which are signed by any person other than the above mentioned signatories, are presented hereafter, even though dated prior to this date.

**Signature of Chairman/ Company Secretary/ 2 Directors/ Sole Proprietor/ All Partners/ Karta
Authorised Personal for Society or Association or Trust With rubber stamp of entity**

Date: _____ Place: _____

For Office use only:

Name: _____

PSID: _____

Date: _____

Place: _____

Signature: _____